

# What's Going on @ SPNS

AN UPDATE FROM HRSA, HIV/AIDS BUREAU,  
SPECIAL PROJECTS OF NATIONAL SIGNIFICANCE

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## SPNS Innovations in Oral Health: Something to Smile About

Inadequate oral health care can undermine the success of HIV treatment regimens, nutritional intake, and health outcomes. Oral health problems may spread to other parts of the body and inflict great harm to the heart, brain, and other organs if not treated, particularly in people living with HIV/AIDS (PLWHA) who have severely compromised immune systems.<sup>1</sup> Despite the importance of oral health care, many PLWHA face barriers to accessing such care and, consequently, have unmet oral health care needs.

### Oral Health Initiative Grantees

- AIDS Care Group; Chester, PA
- AIDS Resource Center of Wisconsin; Green Bay, WI
- Community Health Center, Inc., Middletown, CT
- Harbor Health Services, Inc.; Dorchester, MA
- HIV Alliance of Lane County; Eugene, OR
- Louisiana State University of Health Sciences Center; New Orleans
- Lutheran Medical Center; Brooklyn, NY
- Montefiore Medical Center; Bronx, NY
- Native American Health Center; San Francisco, CA
- Sandhills Medical Foundation, Inc.; McBee, SC
- Special Health Resources for Texas, Inc.; Longview, TX
- St. Luke's-Roosevelt Hospital Center, Center for Comprehensive Care; New York, NY
- Tenderloin Health; San Francisco, CA
- University of Miami School of Medicine; Miami, FL
- University of North Carolina School of Dentistry; Chapel Hill
- Health and Disability Working Group; Boston, MA (Evaluation and Technical Assistance Center)

In response, the Special Projects of National Significance (SPNS) program of the Health Resources and Services Administration, created a 5-year initiative to support provision of comprehensive oral health care and individualized treatment plans to HIV-positive underserved populations. In 2006, grants were awarded to 15 urban and rural demonstration sites across the country. A grant was also awarded to Boston University's Health and Disability Working Group (HDWG) to serve as the evaluation and technical assistance center to the demonstration sites. HDWG coordinates all aspects of evaluation and provides technical assistance to the sites on HIV disease and oral health.

The multisite evaluation provides the opportunity to examine the similarities and differences in oral health care needs and patient populations across the demonstration sites. HDWG will assess the strategies and effectiveness of each project model in reaching its target population and meeting professional practice guidelines and will examine client health outcomes and oral health-related quality of life after project enrollment. The evaluation center will also research which strategies are most effective in addressing structural, policy, and financing issues to enable program replication.

Although conclusive findings will not be available until the end of the initiative in 2010, the first 4 years of the SPNS Oral Health Care Initiative have given grantees important preliminary insights into some of the unique obstacles facing their target populations in their respective communities and, most important, successful strategies to overcome those obstacles.

This issue of *What's Going on @ SPNS* highlights the challenges and efforts of demonstration sites in Texas, New York, and Florida: Special Health Resources for Texas; St. Luke's-Roosevelt Hospital Center, Center for Comprehensive Care; and the University of Miami School of Medicine.

### Special Health Resources for Texas

#### Background

The East Texas Dental/Oral Care Services (DOCS) Program at Special Health Resources for Texas (SHRT) in Longview, Texas, serves a 23-county, entirely rural



## Innovations in Oral Health Care: Project Sites



service area. Of the 141 clients enrolled in the program, 51 percent are White, 41 percent are African-American, 7 percent are Hispanic/Latino, and 1 percent are Native Hawaiian/Pacific Islander.

### Challenges

Most of SHRT's patient population has a history of substance abuse, which interferes with engagement as well as with retention in care and treatment adherence. The low socioeconomic status of SHRT patients has resulted in little or no prior dental care, low health literacy, and lack of self-efficacy navigating the health care system.

Compounding these problems, many patients receive HIV diagnosis late in stage of disease and suffer from comorbidities such as hepatitis C and diabetes. According to Program Director Nancy Young, approximately 90 percent of SHRT clients use tobacco, particularly smokeless "dipping" tobacco, placing them at increased risk of developing oral cancers.<sup>2</sup> Moreover, many of the Hispanic/Latino patients at SHRT face language barriers to accessing care.

Like many rural AIDS service organizations, SHRT encounters many challenges resulting from geography. Barriers range from HIV stigma in a rural town, where there is little anonymity to a lack of transportation to access services to a shortage of trained dentists willing to provide those services to PLWHA. In fact, before SPNS funding, SHRT's dental capacity was limited to one dentist from Texas A&M University Baylor College of Dentistry in Dallas, who visited the site 4 times each month. This workforce issue resulted in long wait times and interfered with client followup.

### Approach

To increase capacity, SHRT used SPNS funding to double the number of visits the dentist made each month, thereby improving followup and reducing wait times. In addition, SHRT hired a full-time dental hygienist and created an internship component to allow two fourth-year Texas A&M University dental students to work in SHRT clinics. One of the project's goals is to maintain the internship component to recruit future dentists to work with PLWHA in these rural communities.

To overcome clients' transportation obstacles, SHRT purchased an eight-passenger van and hired a full-time transportation aide to bring patients to dental appointments. Engaging patients in care, however, means more than moving them from Point A to Point B. It also means removing the stigma and health disparities that led to a lack of trust to enter care in the first place. "To address stigma and cultural bias, we're having all staff participate in cultural sensitivity and patient education training," explains Young. "All clients are also undergoing patient education to help reduce and overcome stigma as well as increase understanding about the importance of oral health care," Young adds.

Because of SHRT's high-need population, "We've also hired a full-time oral health case manager [to] facilitate the research interviews, encourage adherence, and provide assistance to patients needing referrals for other services," explains Young. The oral health case manager is fluent in Spanish and performs translation services for the dental and medical teams to improve care delivery and remove language barriers for Hispanic/Latino patients. In doing so, the oral health case manager has played a vital role in patient retention.

Another way in which SHRT has helped clients overcome obstacles to care is by providing substance abuse and tobacco screenings. According to Young, SHRT “screen[s] all HIV patients through our HIV Early Intervention (HEI) Substance Abuse Program. We have HEI case managers who specialize in substance abuse issues at our offices. They offer group and individual counseling.”

## Outcomes

Young explains that even though the DOCS program is only in its third year, it has retained 97 percent of enrolled patients and, thanks to its oral health case manager, has improved both the oral health and general health outcomes of patients. “We are honored to have been chosen to participate in this important initiative and are so proud of the individual attention we’ve been able to give our patients and the success they’ve had thus far.”

## St. Luke’s-Roosevelt Hospital Center, Center for Comprehensive Care

### Background

The SPNS Project Keep Your Smile Sharp (KYSS) is an urban provider in New York City. Because of its central location in the city, coupled with the high demand for dental care, patients travel from all five boroughs to access services. KYSS has enrolled 350 patients, most of whom are Dominican, immigrant, monolingual (Spanish), low income, and on public assistance.

### Challenges

The Ryan White HIV/AIDS Program Part A needs assessment survey found that the Central Harlem and Washington Heights-Inwood neighborhoods have high HIV prevalence and substantial unmet need. This high need, in part, comes from the characteristics of the population and the barriers it faces, namely, a lack of knowledge regarding the health care system, lack of preventive care, and the need for language or translation services in Spanish. The neighborhoods also have been designated by HRSA’s Bureau of Health Professions as Dental Health Professional Shortage Areas, meaning that the number of oral health professionals is insufficient to meet the level of need.

Logistical challenges have included several major closures or reduction in capacity of local clinics and of one hospital over the past year. As a result, it is increasingly difficult to meet the New York State Department of Health AIDS Institute’s and the New York City HIV Planning Council’s request to make oral health care a priority. Compounding these challenges was KYSS’ inability to keep up with client demand, which was fueled in part by the closures. Patients were having to wait longer between appointments, sometimes as much as 6 to 8 weeks, making it harder to keep them in care and address urgent needs.

In addition, Project KYSS faced barriers to sustainability early on. The two clinics they had established in the Central Harlem and Washington Heights-Inwood communities did not comply with Article 28 of the New

York State Public Health Law because private dental offices do not meet the State hospital guidelines for billing Medicare and Medicaid. Project KYSS explored options of collaborating with a Federally Qualified Health Center but ran into obstacles pertaining to the New York State Department of Health’s requirements regarding separate entities sharing space and seeing clients concurrently.

## Approach

KYSS moved its clinics to St. Luke’s-Roosevelt Hospital Center, Center for Comprehensive Care (CCC), and began seeing patients there in September 2008. “St. Luke’s-Roosevelt Hospital is still in the same neighborhood,” notes Michael D’Mayo, KYSS project evaluator, meaning that patients will not be displaced by the move. KYSS also provides paid metro cards to qualified patients to help them get to appointments.

An important component of the project has been its efforts to increase awareness about oral health care and about KYSS services among PLWHA. “We met with program directors to discuss the client population’s unique needs and the best way to promote services and provide education,” explains D’Mayo. KYSS also contacted HIV service agencies and community-based organizations to inform them about the services they provide. In doing so, KYSS has worked hard to improve care delivery and obtain buy-in from community partners.

Community outreach about oral health care has also included participating in local HIV conferences, advertising in print media, and making community presentations. The presentations have served not only to enroll PLWHA into dental care but also to enroll patients into HIV primary care for the first time.

Project KYSS’s education was not limited to the community, however. D’Mayo explains that case managers needed oral health education to understand its role in client retention and health status. Project KYSS therefore conducted an “HIV and Oral Health” seminar for case managers and social workers.

To ensure culturally competent care among its primarily Spanish-speaking population, all KYSS dentists as well as the program coordinator are required to speak fluent Spanish.

## Outcomes

Residing at St. Luke’s-Roosevelt Hospital Center has allowed KYSS to take advantage of the hospital’s longer hours and increase the number of days the program operates: from 2 days a week to 5 days and 2 nights a week, thereby improving client wait times and ensuring more timely care. The location meets New York State Article 28 standards, resolving Project KYSS’ billing and sustainability issues. “The program is so popular. We see about 30 patients per day with a retention rate of 80 percent,” says D’Mayo.

## University of Miami School of Medicine

### Background

The Miami Dental Access Program (MDAP) is a collaboration between the University of Miami Miller School of Medicine Department of Epidemiology and Public Health and Jackson Memorial Hospital Division of Oral Surgery and General Dentistry. MDAP's client population consists primarily of Black (African-American or Afro-Caribbean) and Hispanic men in urban Miami-Dade County. Thus far, the program has enrolled 201 patients.

"Miami is an HIV hot spot. Caribbean, South American, low-income status, lack of education, lack of HIV knowledge, and lack of resources make for a dangerous mix," explains Yves Jeanty, MDAP project director.

### Challenge

On average, patients enrolling in MDAP have been HIV positive for 10 years, and prior to enrollment, one-half have received no dental care of any kind. This situation creates health challenges, because HIV weakens the immune system and many HIV medications lead to xerostomia ("dry mouth"), which can cause caries (cavities); periodontal disease; and oral candidiasis ("thrush"), a fungal infection of the mouth. In addition, a lack of dental care means that oral health problems are more likely to have gone untreated.<sup>3-5</sup>

According to an MDAP survey, 62 percent of clients have a history of crack cocaine use, and 11 percent have used in the month before enrolling in the program. People with substance abuse problems have increased incidence of poor oral hygiene, and crack cocaine use in particular poses additional problems because it can lead to decay of teeth and gums.<sup>6-8</sup>

In addition to a high prevalence of substance use problems, 90 percent of clients are below the Federal Poverty Level, and 1 in 4 clients lack stable housing. These circumstances can create poverty-associated barriers to engaging PLWHA in care, including the transient lifestyle often associated with homelessness, lack of insurance, and inexperience with the health care system.

Adding to the myriad challenges facing MDAP clients, HIV stigma remains high in the community. Moreover, the lack of on-site dental care at several area HIV primary care clinics was causing many PLWHA to forego oral health care, despite efforts by providers to offer referrals.

### Approach

To create MDAP, providers at the University of Miami and Jackson Memorial Hospital took what they knew worked well in engaging PLWHA (an outreach van) and combined it with what they knew helped retain PLWHA (a one-stop shop) to create a tailored approach to meeting their unique client needs. MDAP tapped into Jackson Memorial's linkages with three primary care clinics that lacked on-site dental care and used University of Miami dental residents willing to fulfill their community service hours to work in the mobile dental van.

## Oral Health and HIV/AIDS

- Oral health problems are often the first manifestations of HIV disease and can signal clinical progression.<sup>9,10</sup>
- Ryan White HIV/AIDS Program consumers consistently identify oral health care as one of their top unmet needs.<sup>11</sup>
- More than 500 medications can cause xerostomia, or "dry mouth," which can lead to dental decay, periodontal disease, and oral candidiasis (thrush).<sup>12-14</sup>

Before the van could become fully operational, however, MDAP staff had to establish contracts for parking, maintenance, and cleaning. They also had to meet Miami-Dade County and Florida State operating regulations. MDAP furnished the van with dental equipment, including an X-ray machine, generator, air pump, dental chair, and dental tools. To reduce stigma, the van's exterior makes no mention of HIV. From the start of planning to putting the van on the street, the entire process took approximately 1 year.

During the planning process, MDAP conducted focus groups with potential participants to ensure that the program addressed the needs and concerns of PLWHA. Similarly, MDAP staff underwent cultural sensitivity training to improve their care delivery to MDAP's target populations. To increase program awareness and participation, MDAP staff attended community meetings and educated case managers about their services, and they continue to provide updates as the initiative progresses.

Once the van was up and running, MDAP began visits to each of the two HIV primary care clinics\* once per week, enabling PLWHA to access dental care on the same day and at the same location as their HIV care. An additional day is used to perform follow-up visits for ongoing care provided on the MDAP van. During the two non-clinic days each week, MDAP staff perform administrative duties, such as vehicle maintenance, and data collection, such as Web-based data entry and chart abstractions.

"We are taking an innovative route to providing care by bringing care to patients rather than requiring patients to seek out care on their own," says Jeanty. Part of the care process has required establishing protocol to refer patients to Jackson Memorial's on-site dental clinic when patients present with thrush or other comorbidities requiring immediate attention before dental services on the van can be provided. Another protocol was developed for referring patients needing more extensive procedures than those offered on the van. "We work closely with Jackson Memorial Hospital so that after we have completed preliminary work on MDAP, patients can be quickly referred to their clinic to receive additional services as needed," explains Jeanty.

\*Patients at the third clinic were seen beginning in January 2009.

## For More Information . . .

For additional information on the SPNS Oral Health Initiative, visit the evaluation and technical assistance Web site at [www.hdwg.org/echo/front](http://www.hdwg.org/echo/front). For additional information about the SPNS Oral Health Initiative grantees, visit [http://hab.hrsa.gov/special/oralhealth\\_index.htm](http://hab.hrsa.gov/special/oralhealth_index.htm).

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## Outcomes

“This referral process [from the University of Miami run mobile van to Jackson Memorial’s on-site clinics] helps keep patients in the system and link them to a dental home” says Jeanty. The process has also strengthened the partnership between Miami and Jackson Memorial, promoted continuity of care, and contributed to MDAP’s success thus far.

MDAP staff follow up with patients every 6 months to determine whether they have completed their comprehensive oral health care treatment plan. Seventy percent of the study participants kept their final followup appointment.

## Conclusion

Unmet need for oral health services and significant incidence of preventable oral health problems persist among many PLWHA. Initial results from the SPNS Oral Health Care Initiative providers, however, show great promise in engaging and retaining clients in dental care. Although provider circumstances, geographic location, client population, and partnerships all vary, the winning formulas have many similarities, including access to transportation; involvement of case managers; education of community partners, project staff, and clients; reduction of stigma; and delivery of culturally competent, high-quality dental care.

As these grantees move forward in their projects, this framework can help providers across the country hoping to expand and improve their care delivery and, most important, improve the health of PLWHA.

## Endnotes

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